



School-Based Services

*Medicaid and Other Medical
Assistance Programs*



February 2007

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My Medicaid Provider ID Number:
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IEP, even though the services may be provided to non-Medicaid children for free. However, if a child is covered by both Medicaid and private insurance, the private insurance must be billed prior to Medicaid. Exception to billing other insurance: BC/BS of Montana and CHIP.

Medicaid does not cover health-related services that are not included in an IEP unless all of the following requirements are met:

- Youth is enrolled in Medicaid
- Services are medically necessary
- A fee schedule is established for health-related services (can be a sliding scale to adjust for individuals with low incomes)
- The provider determines if each individual who receives services has insurance coverage or will be billed on a private-pay basis
- The provider bills all individuals and/or the insurance carrier for the medical service provided

Client qualifications

To qualify for Medicaid school-based services, the client must be a Medicaid client and meet all the following criteria:

- Be Medicaid eligible on the date of service
- Be between the ages 3 and 20
- Be entitled to school district services under the Individuals with Disabilities Education Act (IDEA)
- Have Medicaid reimbursable services referenced in his or her Individual Educational Plan (IEP). This shows that Medicaid covered services are recommended by the school district.
- In the case of CSCT services, the client must have an SED diagnosis and services may or may not be included in the client's IEP.

School qualifications

Only public school districts, full-service education cooperatives and joint boards of trustees may enroll in the Montana Medicaid school-based services program. To qualify, the district, cooperative or joint board must receive special education funding from the state's Office of Public Instruction general fund for public education. School districts include elementary, high school and K-12 districts that provide public educational services. Full-service education cooperatives and joint boards include those cooperatives eligible to receive direct state aid payments from the Superintendent of Public Instruction for special education services.

Schools that employ medical service providers

- Schools who employ all or most of their medical service providers for whom the school submits bills can be enrolled with a single provider number for all services.



Cooperatives, joint boards, and non-public schools that do not receive state general funds for special education can not participate in the Medicaid program as a school-based provider.

- Schools may use this single provider number to bill for any Medicaid covered service provided by a licensed provider.
- Schools that wish to have separate provider numbers for each provider type (e.g., speech therapists, occupational therapists, and physical therapists) can request separate provider numbers from Provider Enrollment (see *Key Contacts*).

Schools that contract with external medical service providers

- Schools that contract with all or most of their medical service providers for whom the school submits bills cannot be enrolled with a single provider number.
- Schools that contract with all or most of their providers must have the provider of service bill for each service they provide with their own individual Medicaid provider number.
- Providers and schools can arrange with the Department for payments to be made to the school. If payments are assigned to the school, the school will also have the responsibility to collect third party liability payments on behalf of the service providers.

For more information on enrollment, visit the Provider Information website or contact Provider Enrollment (see *Key Contacts*).

Physician order/referral

Medicaid does not require physician orders or referrals for health-related services that are documented in the client's IEP. The exception is private duty nursing services and personal care assistant services, which require **both** a written order and PASSPORT approval. Other health-related services can be authorized by a licensed school practitioner meeting the State of Montana provider requirements to secure health-related services under an IEP. For instructions on getting PASSPORT approval, see the *PASSPORT and Prior Authorization* chapter in this manual. See the table of authorization requirements later in this chapter.

Documentation requirements

School-based services providers must maintain appropriate records. All case records must be current and available upon request. Records can be stored in any readily accessible format and location, and must be kept for six years and three months from the date of service. For more information on record keeping requirements, see the *Surveillance/Utilization Review* chapter in the *General Information For Providers* manual. Medical documentation must include the following:

- Keep legible records!
- Date of service and the child's name
- The service(s) provided during the course of each treatment and how the child responded.
- Except for CSCT, the services for which the school is billing Medicaid must be written into the child's IEP.

Private Duty Nursing Services School Based Services



Requests for authorizations should be sent to:

Mountain Pacific Quality Health, 3404 Cooney Drive, Helena MT 59602
phone: (406) 443-4020 or (800) 262-1545 ext. 5850 fax: (406) 443-4585 or (800) 497-8235

Request for Authorization

Client Name: Last, First, MI			Medicaid ID#:	
Street Address:		City:		State: Zip:
DOB:	Age:	Sex: M F		
Will any member of the client's family, or household, who is a licensed RN or LPN, be providing nursing services? <input type="checkbox"/> No <input type="checkbox"/> Yes				
School/Provider Name:			Provider #:	
School Contact:		Phone #:	Fax #:	
School Nurse/Caregiver's name:			Title/Position:	
Physician's name:			Phone #:	
Principal diagnosis:				

Request for services to be provided in the school

Number of skilled service hours requested per day:						Total
Mon-	Tues-	Wed-	Thur-	Fri-		
Date school year starts:		Date school year ends:			Summer school dates:	
Skilled services and treatments to be provided (frequency, estimated time/service):						
<input type="checkbox"/> Medication administration: <input type="checkbox"/> Oral <input type="checkbox"/> G-Tube <input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> SQ						
List medications and frequency:						
Name of person who actually administers medications to students: Position:						
<input type="checkbox"/> Trach suctioning/care						
<input type="checkbox"/> Vent care						
<input type="checkbox"/> Sterile dressing changes						
<input type="checkbox"/> Tube Feedings: <input type="checkbox"/> Continuous pump <input type="checkbox"/> Bolus						
<input type="checkbox"/> Other:						
If meds or treatments are ordered PRN, accurate records of date, time and duration of the treatments must be submitted at the end of the date span.						

☐ Signed Doctor's orders are attached

Signature of person submitting request

Date

All private duty nursing services must be prior authorized. Requests for services provided in the school may be authorized for the duration of the regular school year. Services provided during the summer months are additional services that require separate prior authorization. Additional requests may be submitted any time the condition of the child changes, resulting in a change to the amount of skilled nursing services required.

Paperwork Attachment Cover Sheet

Paperwork Attachment Control Number: _____

Date of service: _____

Medicaid provider number: _____

Medicaid client ID number: _____

Type of attachment: _____

Instructions:

This form is used as a cover sheet for attachments to electronic claims sent to Montana Medicaid. The *Paperwork Attachment Control Number* must be the same number as the *Attachment Control Number* on the corresponding electronic claim. This number should consist of the provider's Medicaid ID number, the client's Medicaid ID number and the date of service (mmddyyyy), each separated by a dash (9999999-999999999-99999999). This form may be copied or downloaded from our website www.mtmedicaid.org. If you have questions about which paper attachments are necessary for a claim to process, please call Provider Relations at (406) 442-1837 or (800) 624-3958.